# **Hysterectomy Episode Executive Summary**

## **Episode Design**

- Trigger: hysterectomy procedure
- Quarterback type: professional (provider who performs the procedure)
- Care included: all hysterectomy-related care including imaging and testing, medications, pathology, surgical and medical procedures

#### **Sources of Value**

- Appropriate hysterectomy candidate selection
- Appropriate pre-operative imaging and testing
- Appropriate site of care
- Appropriate surgical approach
- Appropriate choice of anesthesia
- Appropriate use of concurrent procedures
- Appropriate length of stay
- Appropriate use of medications
- Appropriate post-discharge site of care
- Appropriate follow-up care including imaging and testing
- Appropriate follow-up visits
- Reduction of complications and readmissions

# **Episode Duration**

### **Pre-Trigger**

Trigger

## **Post-Trigger**

30 days prior to the trigger window

Duration of the triggering procedure and associated hospitalization

30 days, beginning the day after the trigger window

## **Quality Metrics**

#### **Tied to Gain-Sharing**

- Alternative treatments (higher rate is better)
- Related follow-up care (higher rate is better)

#### **Informational Only**

- Abdominal hysterectomy
- Complications
- Related ED visit
- Length of stay
- Difference in average morphine equivalent dose per day
- Average morphine equivalent dose per day during the pre-trigger opioid window
- Average morphine equivalent dose per day during the post-trigger opioid window
- Opioid and benzodiazepine prescriptions

## **Making Fair Comparisons**

#### **Exclusions**

- Business exclusions: inconsistent enrollment, third-party liability, dual eligibility, FQHC/RHC, no PAP ID, incomplete episodes, overlapping episodes
- Clinical exclusions: different care pathway (e.g., emergent hysterectomy, gynecologic cancer, pelvic fracture or trauma, pregnancy and delivery, DCS custody)
- Patient exclusions: age (greater than 64 years old), death, left against medical advice
- High-cost outlier: episodes with risk-adjusted spend greater than three standard deviations above the average risk-adjusted episode spend for valid episodes are excluded.

**Risk adjustment** is used to ensure appropriate comparisons between patients.

**To learn more about the episode's design**, please reference the Detailed Business Requirements (DBR) and Configuration File on our website at <a href="https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care/searchable-episodes-table.html">https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care/searchable-episodes-table.html</a>.

